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Community Services

Introduction to intellectual and developmental disability
and related services

Overview

Texas No Wrong Door System

Local Intellectual and Developmental Disability Authorities
(LIDDAs)

HHSC Office of Guardianship



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Texas No Wrong Door System (1 of 2)

- Coordinates access to long-term services and supports.
- Multiple front doors through which people can access services:
 - 2-1-1
 - YourTexasBenefits
 - Area Agencies on Aging
 - Aging and Disability Resource Centers
 - Centers for Independent Living
 - LIDDAs
 - Local Mental Health Authorities/Local Behavioral Health Authorities (LMHA/LBHA)
 - Community Partners Program
 - Community Care Services



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Texas No Wrong Door System (2 of 2)

Ongoing efforts to enhance awareness and understanding through:

- Evaluating and improving governance and administration
- Person-centered counseling
- Public outreach and coordination across the system

Administration for Community Living grant initiatives



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IDD Services and Supports

Intellectual and developmental disability (IDD) services and supports are delivered through:

- LIDDAs
- Intermediate care facilities for individuals with an intellectual disability or related conditions (ICF/IID), including state supported living centers (SSLCs)
- Medicaid Community First Choice
- Medicaid Waiver Programs:
 - ▶ Home and Community-based Services (HCS)
 - ▶ Texas Home Living (TxHmL)
 - ▶ Community Living Assistance and Support Services (CLASS)
 - ▶ Deaf Blind with Multiple Disabilities (DBMD)



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LIDDA Overview

- Single point of access
- 39 LIDDAs across the state
- Most LIDDAs are the same entity as the LMHA/LBHA in their service area



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LIDDA Roles and Responsibilities (1 of 2)

- Conduct diagnostic testing and evaluation
- Provide state-funded services to people with IDD
- Place people on the HCS and TxHmL interest lists
- Provide service coordination for a variety of programs
- Conduct preadmission screening and resident review (PASRR) evaluations
- Conduct planning for the local service area



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LIDDA Roles and Responsibilities (2 of 2)

- Conduct permanency planning for people under 22 years of age receiving services in an institutional setting
- Protect the rights of people in services
- Provide support through implementation of programs such as:
 - ▶ Crisis services
 - ▶ Enhanced community coordination (ECC)
 - ▶ Transition support teams (TSTs)
 - ▶ Outpatient biopsychosocial interventions (OBI)



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Crisis Services (1 of 2)

Support for people with IDD who have significant behavioral and psychiatric support needs

Crisis Intervention Specialists

- Identify people at risk of requiring crisis services
- Collaborate with service planning teams
- Offer training and support to paid providers and others in the person's support network
- Enhance Mobile Crisis Outreach Team responses



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Crisis Services (2 of 2)

Support for people with IDD who have significant behavioral and psychiatric support needs

Crisis Respite

- Short-term respite for people with IDD
- Out-of-home crisis respite provides on-site therapeutic support and 24-hour supervision
- In-home crisis respite provides therapeutic support in a less restrictive setting for crises that can be resolved within a 72-hour period



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Enhanced Community Coordination

Helps people with IDD transition or divert from nursing facilities and SSLCs to homes in the community

ECC services include:

- Intensive case management designed to support people leaving institutions and to ensure their long-term success in the community
- Flexible funding for one-time assistance with items such as rental deposits, home modifications, educational tuition, and any other service or support to enhance transition



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Transition Support Teams

Teams in eight regions provide support to LIDDAs and community providers assisting people with complex support needs.

Teams are composed of licensed medical staff, such as physicians, registered nurses, psychiatrists and psychologists who have experience working with people with IDD.

TSTs offer:

- Case review and consultation
- Educational activities
- Technical assistance



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Outpatient Biopsychosocial Interventions

For children and adults who have IDD and a co-occurring mental health condition, substance use disorder or behavior support needs

OBI provides:

- ▶ Biopsychosocial Assessments
- ▶ Collaborative Case Management
- ▶ Skills Training
- ▶ Training and Education

Currently at five LIDDA sites and expanding to 13 with recent legislative funding



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HHSC Office of Guardianship

- HHSC Office of Guardianship (OGS) is a small piece of guardianship within the state of Texas.
- By statute, OGS only accepts referrals from the Department of Family and Protective Services and in limited situations, the courts.
- OGS can serve people who have comorbidities and may be involved with the justice system.
- Establishing a guardianship does not prevent poor decision making or bad behaviors.



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Thank you!

Anne McGonigle

Deputy Associate Commissioner of IDD Services & PASRR

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Behavioral Health Services

Reilly Webb, Associate Commissioner for Mental Health Programs

Behavioral Health Services

Texas Health and Human Services

October 7, 2025

Agenda

- Behavioral Health Services (BHS) Mission and Vision
- BHS Organizational Chart
- Funding Sources
- Accessing Community-Based Mental Health Services
- Texas-Certified Community Behavioral Health Clinics
- Texas Resiliency and Recovery Model
- Overview of Mental Health Programs



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BHS Mission and Vision

Mission

Establish accountable and coordinated behavioral health systems of care that direct performance to achieve meaningful clinical and cost-effective outcomes for all Texans.

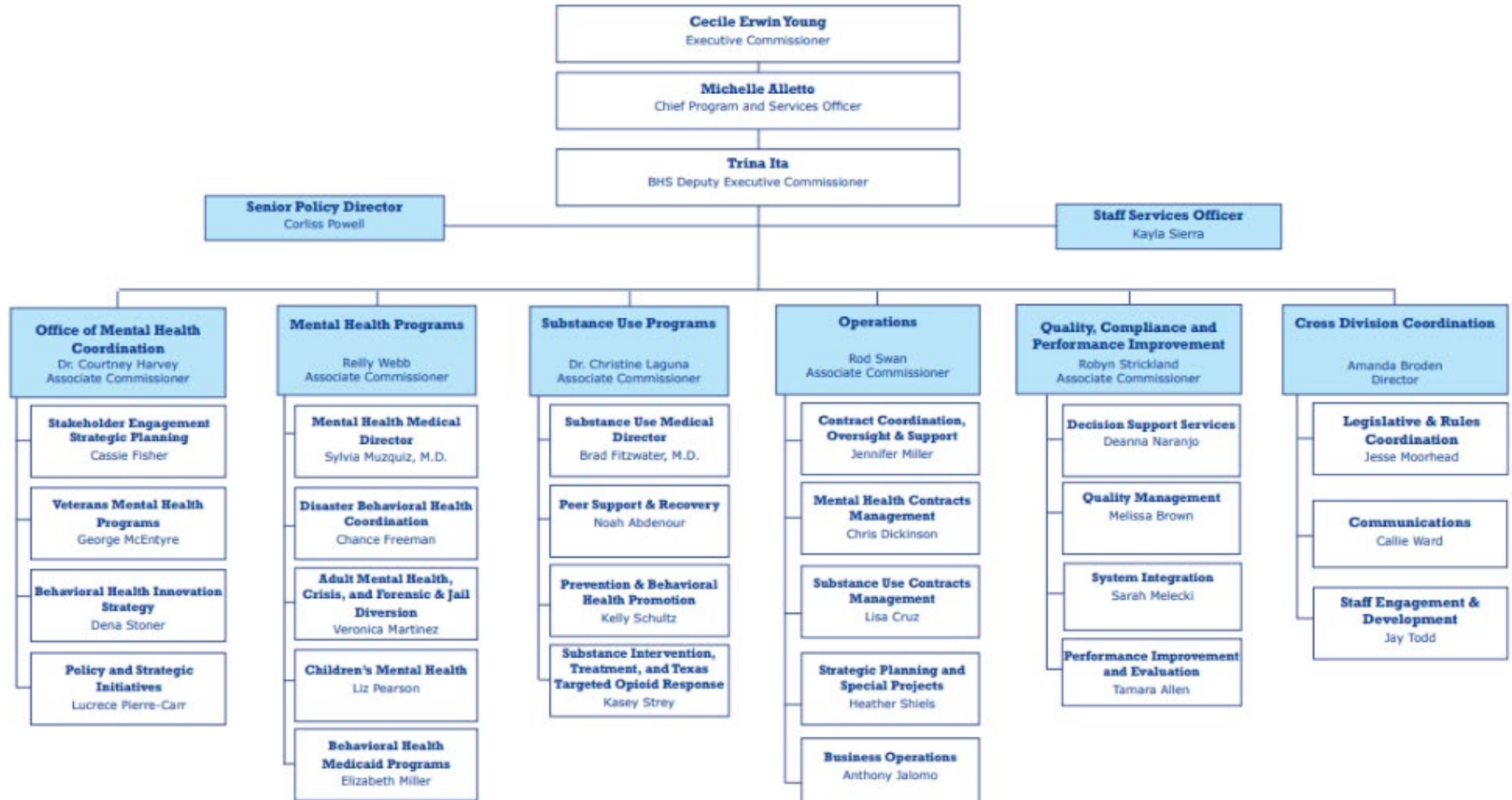
Vision

Ensure that Texans have access to the right behavioral health services at the right time and place.



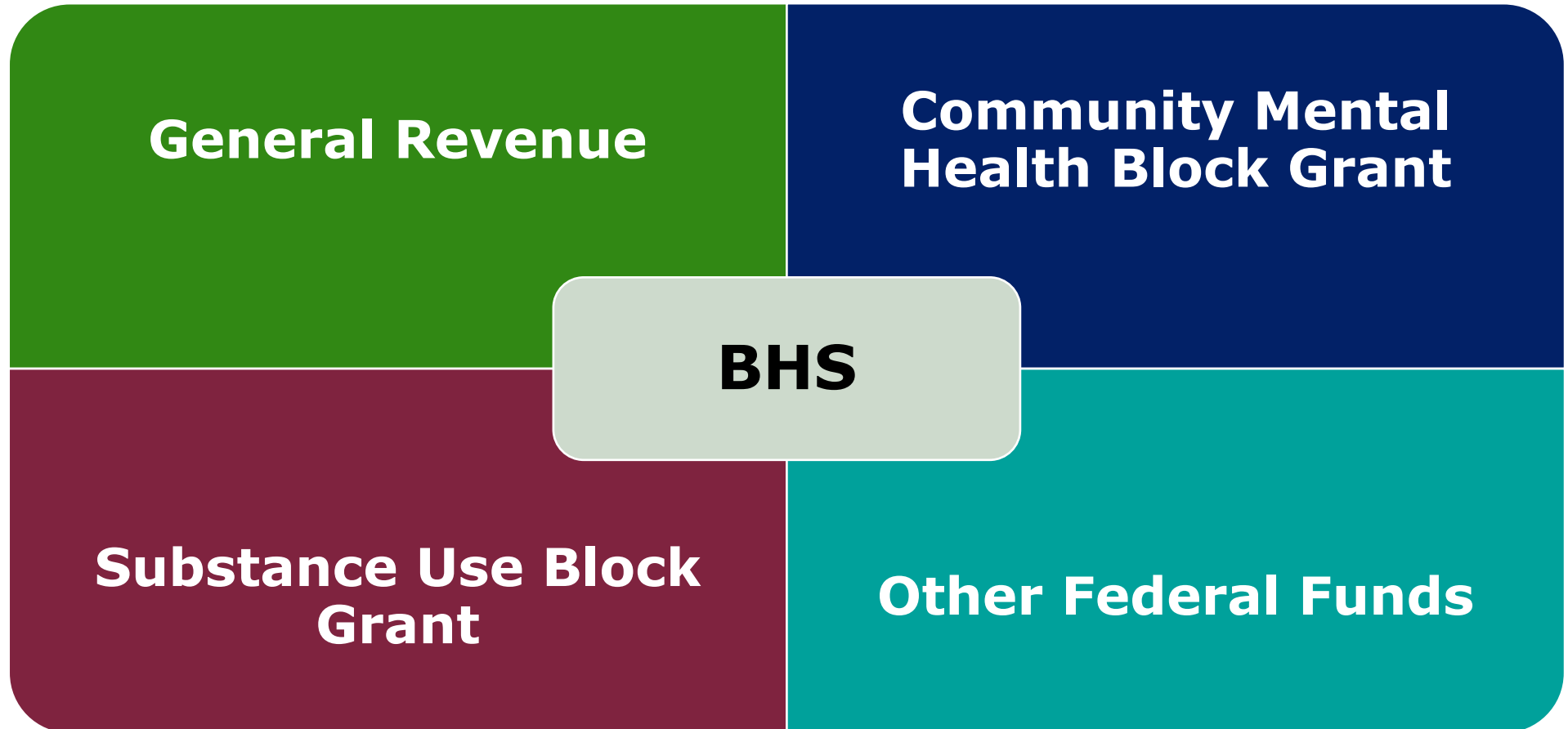
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BHS Organizational Chart



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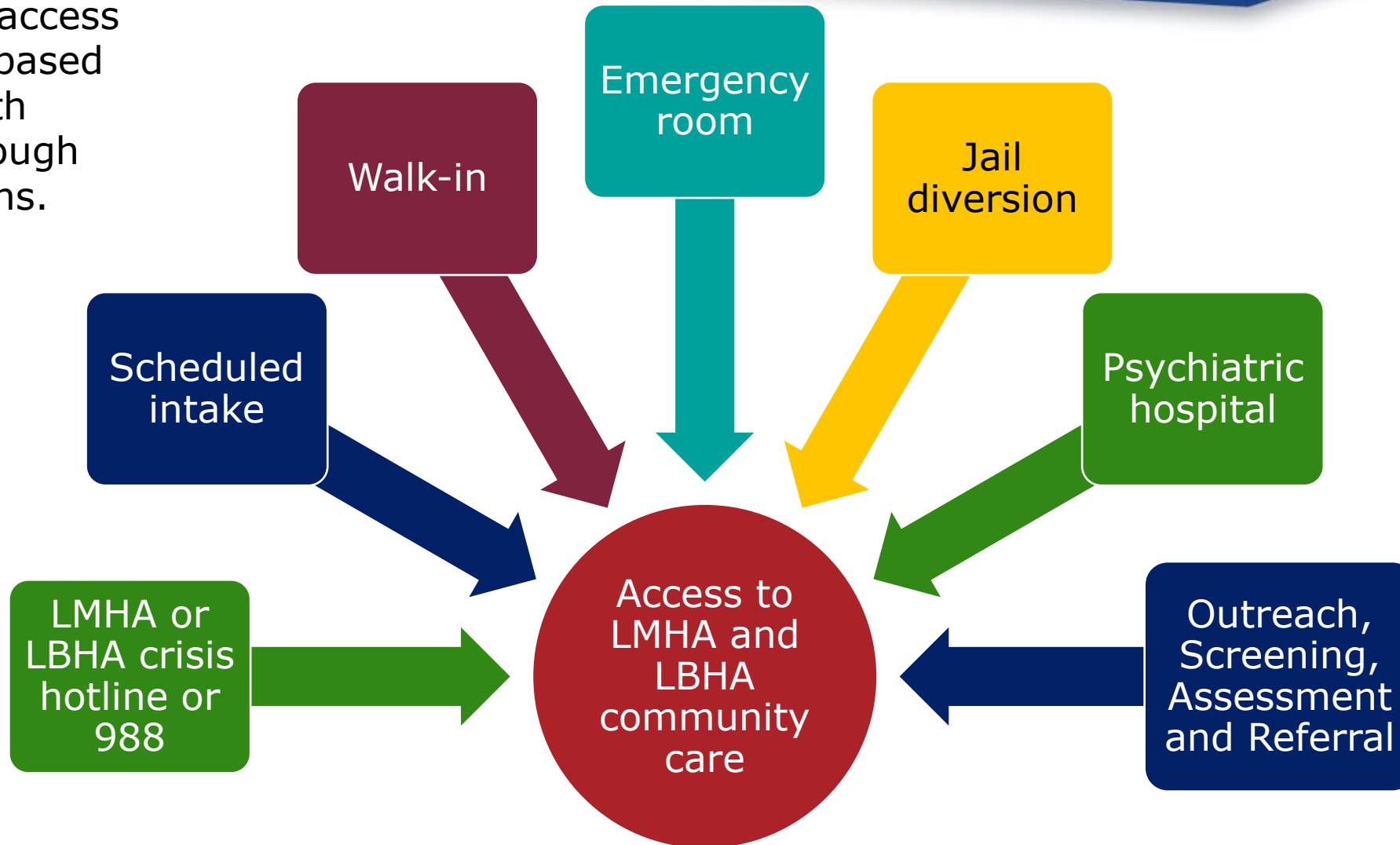
Funding Sources



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Accessing Community-Based Mental Health Services (1 of 3)

People may access community-based mental health services through multiple paths.



Accessing Community-Based Mental Health Services (2 of 3)

Local Mental Health Authority (LBHA) and Local Behavioral Health Authority (LBHA) Overview

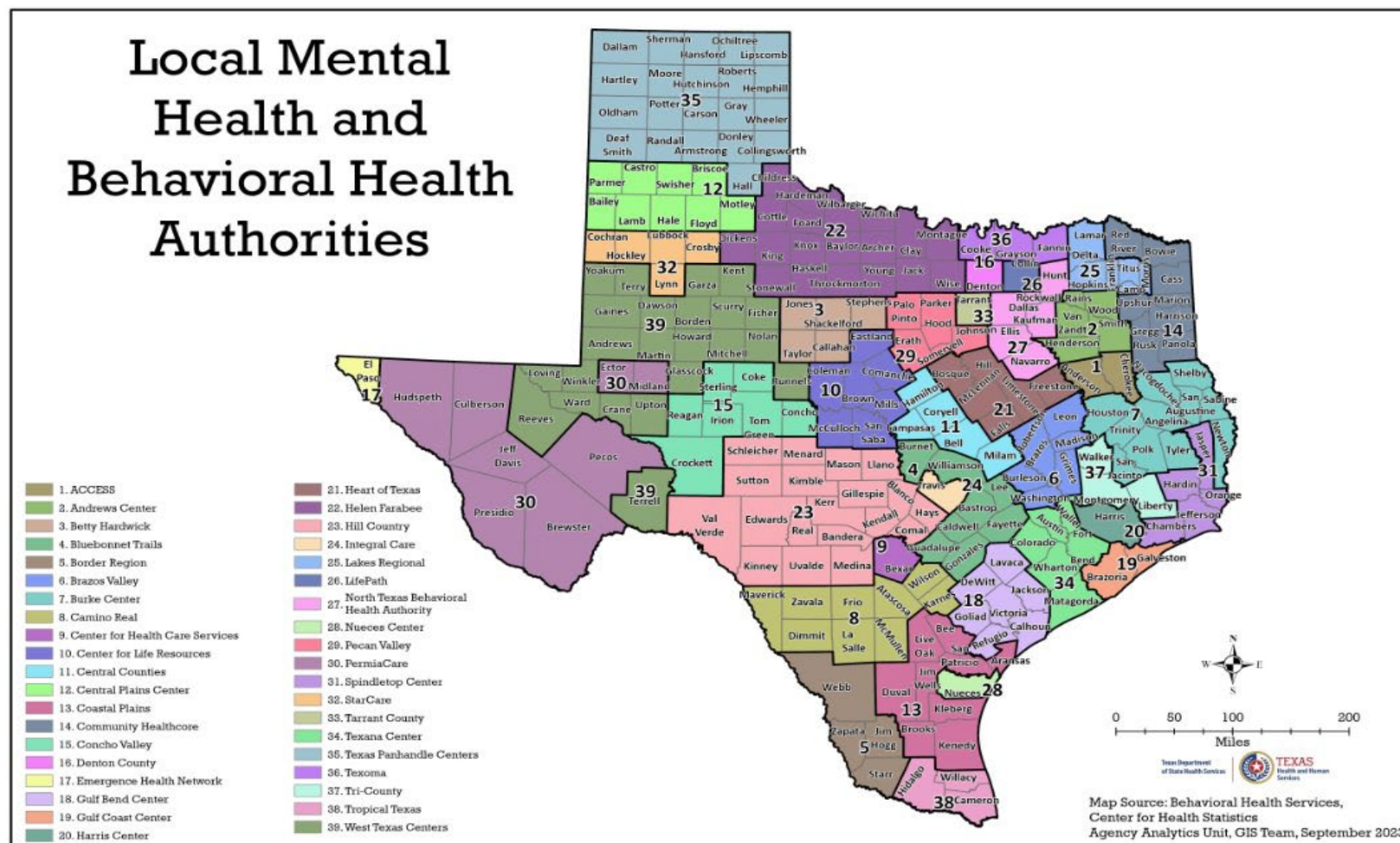
Purpose:

- To serve as a point of entry for mental health services for Texans who have a mental illness
- People served may be publicly or privately funded or unfunded
- To provide services for people within designated areas

Eligibility:

- Texas resident
- Meet financial criteria
- Qualify for mental health services as determined by a uniform assessment

Accessing Community-Based Mental Health Services (3 of 3)



Texas-Certified Community Behavioral Health Clinics

- The Texas-Certified Community Behavioral Health Clinic (T-CCBHC) initiative is an organizational structure that integrates mental health and substance use care, and primary care screenings.
- 38 of 39 LMHAs and LBHAs are currently T-CCBHCs.
- As of August 2025, there are 42 T-CCBHCs.
- LMHAs, LBHAs and community mental health centers are eligible to participate in the Directed Payment Program for Behavioral Health Services if they are T-CCBHC certified.



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Texas Resilience and Recovery

- In Texas, the service delivery system for community-based mental health services is the Texas Resilience and Recovery (TRR) model.
- The TRR model establishes eligibility for receiving mental health services and determines recommended level of care (LOC).
- Mental health services are provided using evidence-based and promising practices, plus other supportive services to children and youth with serious emotional disturbance and adults with serious mental illness.
- Services are provided by 37 LMHAs and two LBHAs and include 24/7 access to crisis services.

99% of people receiving LMHA or LBHA services remain in the community and do not need inpatient care.



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TRR Eligibility Criteria

- **Children** ages three to 17:
 - ▶ With a serious emotional disturbance who have a serious functional impairment; or
 - ▶ Are at risk of disruption of preferred living or childcare environment due to psychiatric symptoms; or
 - ▶ Enrolled in special education because of serious emotional disturbance
- **Adults** with serious mental illness who require crisis resolution or ongoing and long-term support and treatment



TRR LOCs for Children

Higher levels of need

LOC-0: Crisis Services

LOC-5: Transitional Services

LOC-4: Intensive Family Services

LOC-3: Complex Services

LOC-2: Targeted Services

LOC-1: Medication Management

Lower levels of need



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TRR LOCs for Adults

Higher levels of need

LOC-0: Crisis Services

LOC-5: Transitional Services

LOC-4: Assertive Community
Treatment

LOC-3: Intensive Services

LOC-2: Basic Services and
Counseling Services

LOC-1S: Basic Services and Skills
Training

LOC-1: Medication Management

Lower levels of need



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Fiscal Year 2024 Numbers for Those Receiving TRR Services



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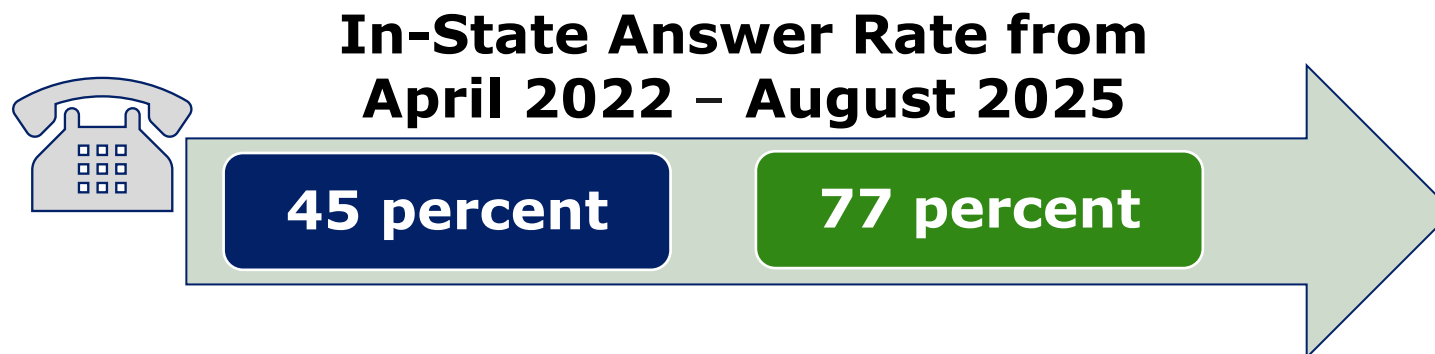
Children
104,140

Adults
322,197

**Total
served**
426,337

988 Suicide and Crisis Lifeline

- Texas 988 centers answered more than **18,663** calls in August 2025 for an in-state answer rate of **77%**.
- The Cooperative Agreements for State and Territories to Improve Local 988 Capacity grant expanded 988 services, improved data collection processes and established a statewide public awareness campaign.
- BHS worked with a vendor to finalize campaign assets for the ad buy that launched in September 2025. The statewide public awareness campaign will run through mid-November.

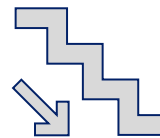


Youth Crisis Outreach Teams

- 2024-25 General Appropriations Act (GAA), House Bill 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, **Rider 52**) appropriated \$7 million in each fiscal year to establish youth crisis outreach teams (YCOTs) to reduce the risk of hospitalization from acute mental health illness and transition youth into care, including three teams for youth served by the Department of Family and Protective Services (DFPS).
- In fiscal year 2024, eight LMHAs and LBHAs began implementing YCOTs.
 - ▶ 1,427 youth (319 had some form of DFPS involvement) served.
- On the horizon:
 - ▶ 2026-27 GAA, Senate Bill 1, 89th Legislature, Regular Session, 2025 (Article II, HHSC, **Rider 54**) appropriated \$27 million in each fiscal year (an additional \$20 million each fiscal year) to establish at least eight new YCOTs, prioritizing urban areas of the state.

State Hospital Step-Down Program

- **Three** LMHAs with **five** step-down homes with a total capacity of **39** beds.
- Adding **four** step-down homes, increasing total capacity to **72** beds statewide.
- Average daily cost in fiscal year 2026: **\$492**



FY 2025
State Hospital
24 people discharged from a state hospital to a step-down home.
Step-Down Home in the Community
27 graduated from a step-down home to independent living in the community.
Independent Living

Jail-Based Competency Restoration (JBCR)

Fiscal Year	Total Number of JBCR Programs
2022	6
2023	16
2024	17
2025	19

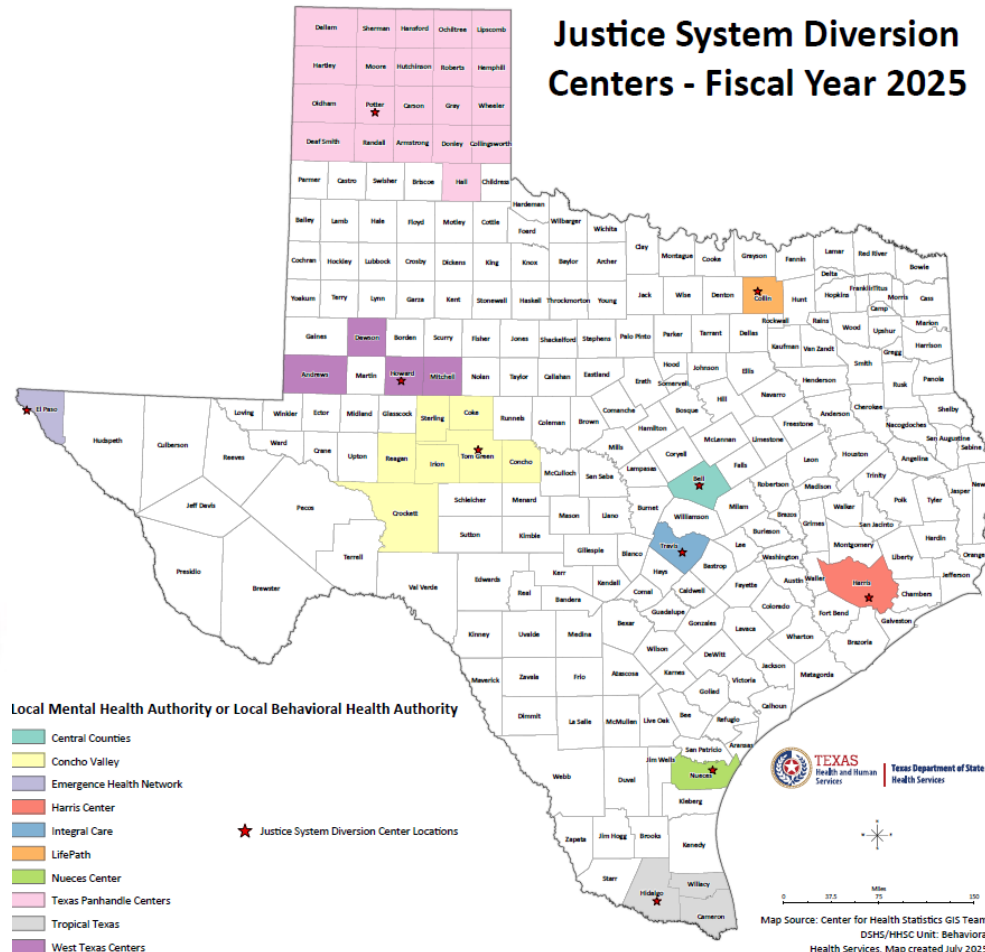
Between fiscal year
2022 and fiscal year
2025, **\$1.5** million
reallocated to expand
JBCR programs

Jail Diversion Centers (1 of 2)

- Jail diversion centers are designed to help people with serious mental illness or who are experiencing a mental health crisis gain access to treatment without going to jail.
- These centers serve as an alternative location for law enforcement to drop off adults who are at risk of arrest and do not need more intensive services.
- Goals include:
 - ▶ To divert people with behavioral health needs from jail;
 - ▶ To minimize law enforcement officer time related to incidents with people experiencing a behavioral health crisis;
 - ▶ To increase adherence to outpatient, recovery services and supports; and
 - ▶ To reduce recidivism of diversion center participants.

Jail Diversion Centers (2 of 2)

Justice System Diversion
Centers - Fiscal Year 2025



- Currently, there are 10 jail diversion centers operating.
- Additional jail diversion centers will open in fiscal year 2026.



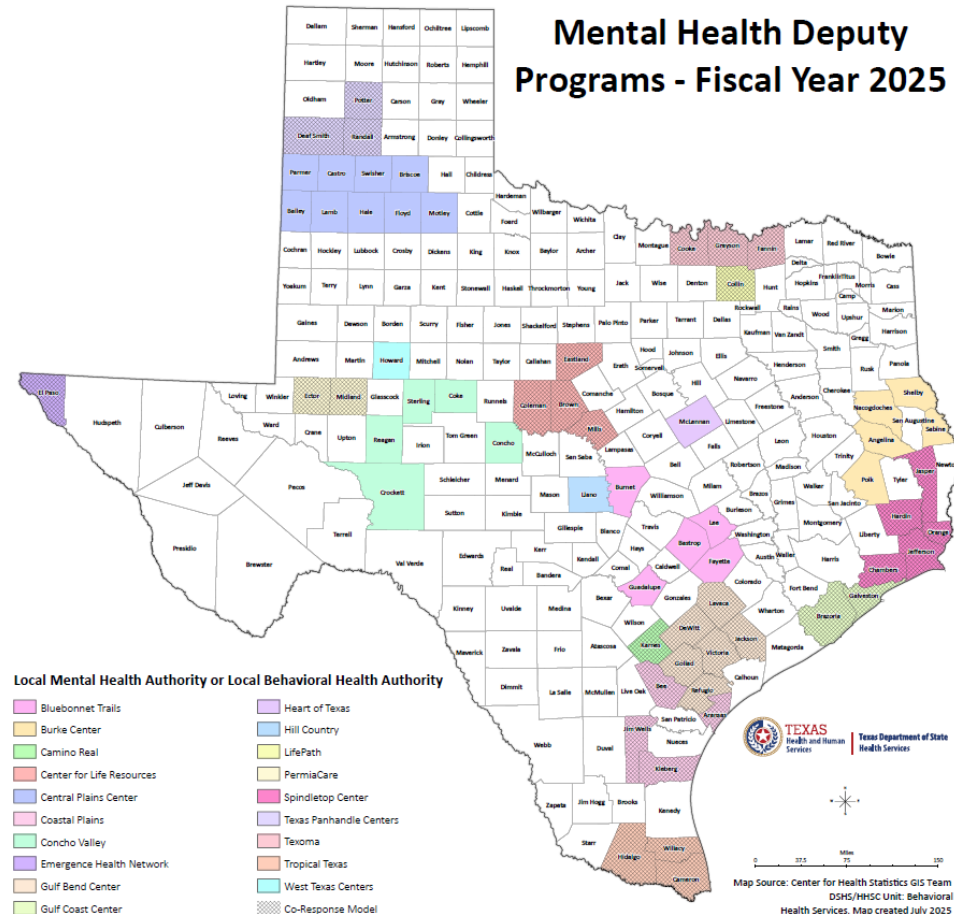
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Mental Health Deputy and Co-Responder Programs (1 of 2)

- Mental health deputy (MHD) programs use peace officers with specialized training in crisis intervention to help people experiencing a mental health crisis receive appropriate treatment.
- Co-responder programs pair MHDs or mental health officers with trained mental health professionals to help people experiencing a mental health crisis receive appropriate treatment.
- Both programs typically focus on using formal diversion programs, direct connection to appropriate treatment, de-escalating people in crisis or any combination of the three to avoid an arrest from occurring.



Mental Health Deputy and Co-Responder Programs (2 of 2)



Currently, there are seven MHD programs and 12 MHD programs with a co-responder operating.

Behavioral Health Matching Grants

MENTAL HEALTH GRANT PROGRAM FOR JUSTICE-INVOLVED INDIVIDUALS

Address unmet physical and behavioral health needs to those in crisis to prevent initial or subsequent justice involvement and promote recovery.

27,224 served in FY24

COMMUNITY MENTAL HEALTH GRANT PROGRAM

Support comprehensive, data-driven mental health systems that promote both wellness and recovery.

33,911 served in FY24



HEALTHY COMMUNITY COLLABORATIVES

Build communities that support the ongoing recovery and housing stability of persons who are homeless and have unmet behavioral health needs.

10,162 served in FY24

TEXAS VETERANS + FAMILY ALLIANCE

Support community-based, sustainable, research-informed and accessible behavioral health services to Texas veterans and their families.

11,646 served in FY24



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Total Served by All Behavioral Health Matching Grants in FY24: 82,943



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Thank you

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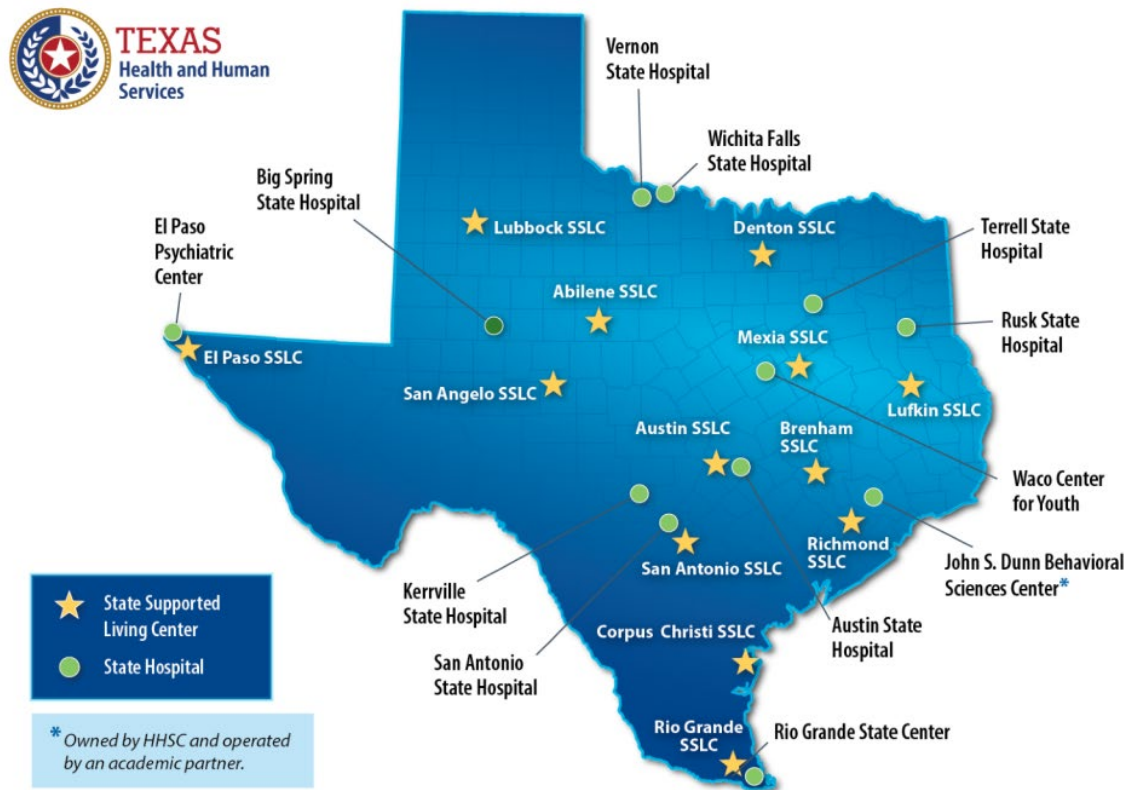
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Health and Specialty Care System 101

Jennie M. Simpson, PhD

**Associate Commissioner and State Forensic Director
Office of Forensic Services and Coordination**

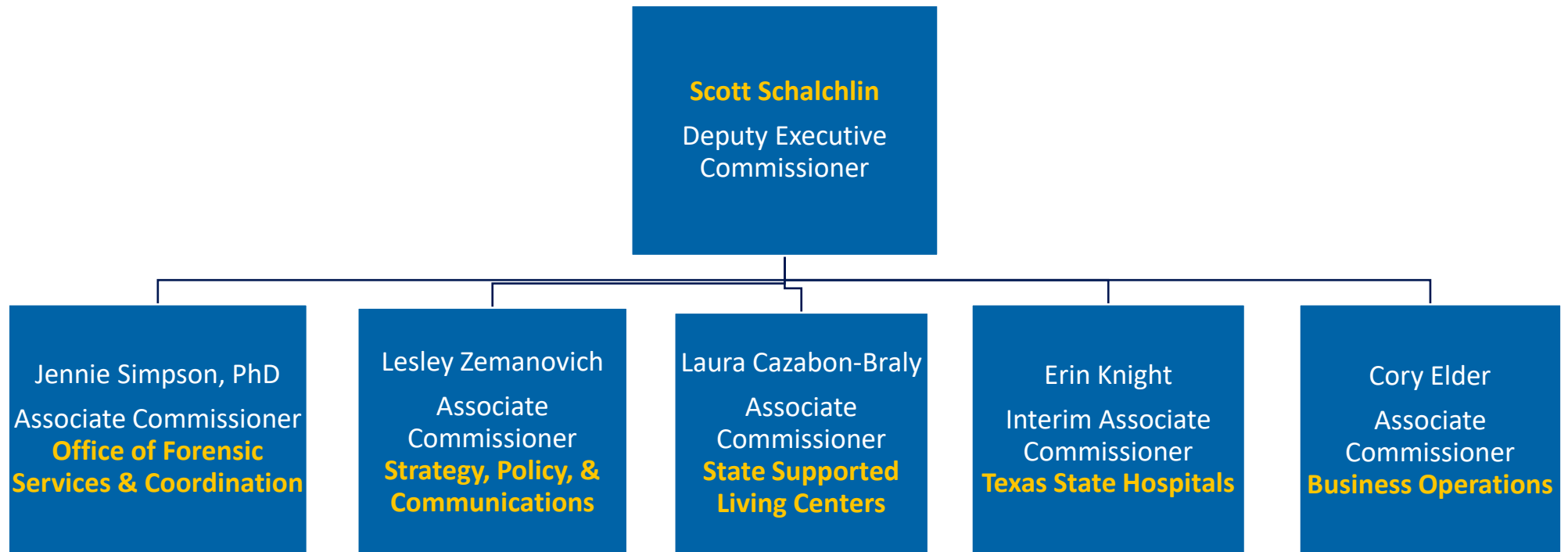
HSCS Overview



- HSCS owns and operates:
 - 13 State Supported Living Centers
 - 11 State Hospitals
 - One Youth Residential Treatment Facility

25D0585

HSCS Organization



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Texas State Hospitals

Interim Associate Commissioner: Erin Knight

State Hospitals and Upcoming Mental Health Facilities

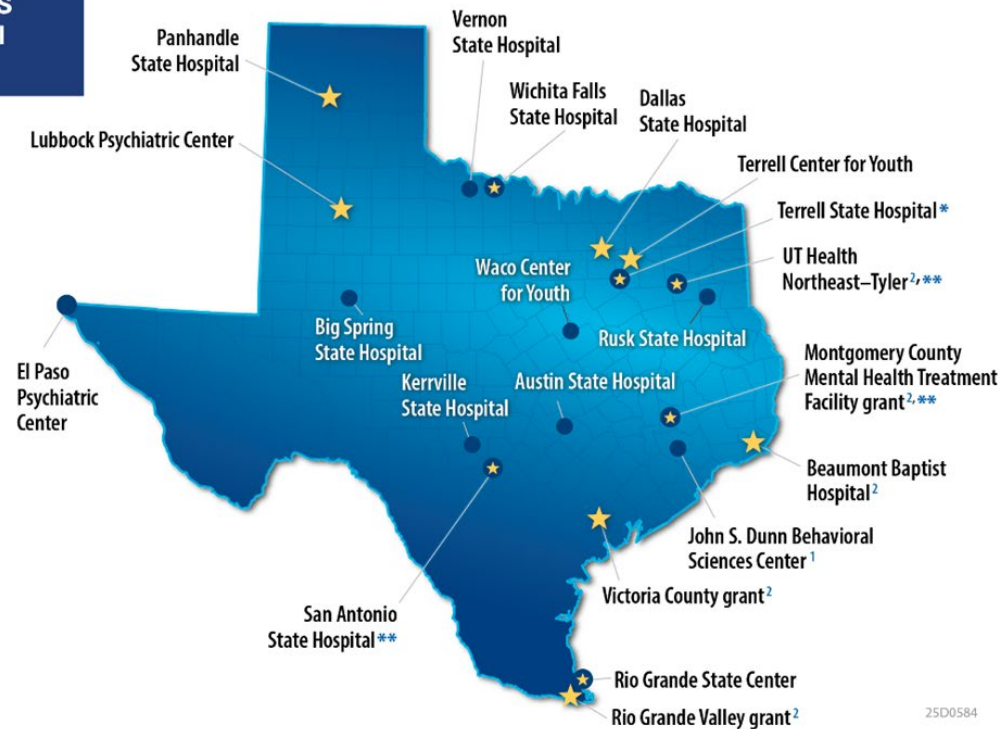
- Current state hospitals
- ★ New facility projects
- ★ Expansion and renovation projects

* Rebuilding existing hospital

** Expanding capacity

¹ Owned by HHSC and operated by an academic partner

² Community mental health hospital



- Eleven psychiatric hospitals, including one psychiatric hospital owned by HHSC, and operated by UT Health-Houston (Dunn Center)
- One youth residential treatment center (RTC)
- One primary care outpatient clinic
- Over 250 contract beds with partner-operated hospitals.
- In fiscal year 2024, the state hospitals served 5,394 individuals



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25D0584

SH 101: Services

- Adult psychiatric inpatient treatment
- Competency restoration (CR) for individuals found incompetent to stand trial (IST) and adolescents found unfit to proceed
- Psychiatric services for individuals found not guilty by reason of insanity (NGRI)
- Child and adolescent psychiatric inpatient treatment and residential treatment
- Geropsychiatric services



SH 101: Forensic Waitlist Placement

- **Forensic Waitlist Placement**

- First come, first serve
- Catchment Area for non-Maximum Security Unit level offenses
- MSU level offenses go to first available and most appropriate MSU level bed – 1 of 4 facilities
 - Kerrville State Hospital
 - Rusk State Hospital
 - Vernon State Hospital
 - Wichita Falls State Hospital



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SH 101: Forensic Treatment and Commitment Goals

Not Guilty By Reason of Insanity:

Long-term recovery and safe community reintegration

- Therapeutic engagement and clinical assessments
- Education and skill building
- Community Readiness
- Collaborative and extensive discharge planning

Inpatient Competency Restoration:

Stabilize symptoms and restore competency

- Medication management
- Legal education

Everyone receives person-centered treatment planning and services in the Texas State Hospital system.



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SH 101: Key Considerations for Forensic Commitments

- State hospitals are treatment facilities, not long-term solutions for people found incompetent to stand trial.
- The goal for competency restoration is to restore to competency.
- Research has shown that competence is generally achieved within six months for the majority of people whose competence can be restored.*
- When people on forensic commitments remain in the hospital without achievable goals for restoration or community re-integration, this blocks access to admission for others.

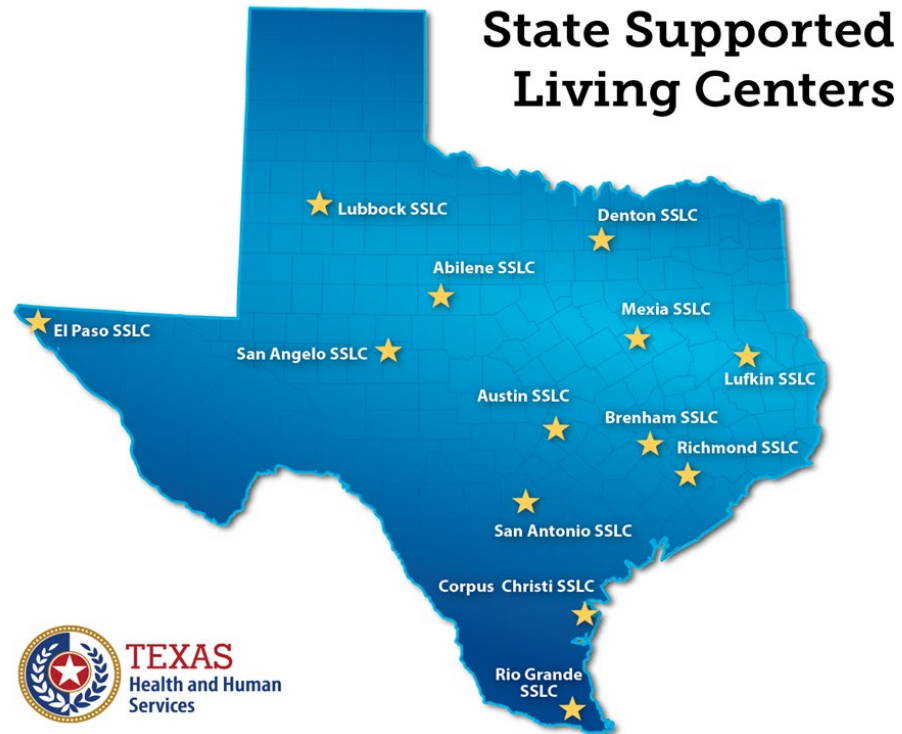


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**Citation: Substance Abuse and Mental Health Services Administration. (2023). Foundation work for exploring incompetence to stand trial evaluations and competence restoration for people with serious mental illness/serious emotional disturbance. HHS Publication No. PEP23-01-00-005. Rockville, MD: Substance Abuse and Mental Health Services Administration.*

State Supported Living Centers

Associate Commissioner: Laura Cazabon-Braly



- 13 SSLCs, seven of which currently serve youth, and two that are designated as forensic centers
- Each SSLC is certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID)
- In fiscal year 2024, the average daily census for the SSLCs was 2,578



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SSLC 101: Forensic Admissions

- **Code of Criminal Procedure, Article 46B.073**: Commitment of an adult found to be incompetent to stand trial as a result of ID for competency restoration not to exceed 120 days for a felony or 60 days for a misdemeanor with the possibility for a 60-day extension.
- **Code of Criminal Procedure, Article 46B.103**: Extended commitment of an adult found to be incompetent to stand trial as a result of ID, when an individual is unlikely to restore to competency in the foreseeable future.
- **Family Code, Chapter 55, Section 55.33**: Commitment for restoration of fitness not to exceed 90 days of a minor who has been found unfit to proceed with charges as a result of ID and who meets civil commitment criteria.
- **Family Code, Chapter 55, Section 55.67**: Commitment of a minor who has been found unfit to proceed with charges as a result of ID and who meets civil commitment criteria.



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SSLC 101: Services

- Positive Behavior Support
- Psychiatric Treatment
- Medical Treatment
- Habilitation Services
- Skills Acquisition
- Vocational Training/Education
- Counseling
- Community Reintegration



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SSLC 101: Forensic Services

- Competency Restoration
- High-Risk Determinations
- Forensic Assessments
- Individual and Group Counseling Designed to Address Offense Behaviors
- Community Reintegration Working with the Court and the LIDDA



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SSLC 101: Key Considerations for Forensic Commitments

- SSLCs are Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) with distinct rules and regulations that differ from state hospital facilities.
 - SSLCs must follow CMS guidelines for intermediate care facilities, which prohibit many of the restrictive practices allowed in state hospital facilities.
- For people on forensic commitments, SSLCs are not intended to be long-term placements; the goal is restore to competency and/or to achieve successful community reintegration.



Office of Forensic Services and Coordination

Associate Commissioner: Jennie M. Simpson, PhD

- The State Forensic Director, in Senate Bill 1507, 84th Legislature, Regular Session, 2015 is **statutorily tasked** with:
 - **statewide coordination and oversight of forensic services,**
 - **coordination of agency programs** related to forensic patients, and
 - **addressing issues with the delivery of forensic services** in the state including significant increases in populations with serious mental illness and justice system involvement.
- The **Office of Forensic Services and Coordination (OFSC)** operationalizes the statutorily defined responsibilities of the State Forensic Director.



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OFSC 101: Services and Supports

- Forensic clinical services and programming in state hospitals and state supported living centers
- Strategic planning for forensic services in the Health and Specialty Care System
- Research to support evidence-informed programs and practices
- Coordination of forensic services across HHSC
- Training and technical assistance
- Statewide and pilot forensic programs



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OFSC 101: Jail In-Reach Program and Technical Assistance

- Statewide Jail In-Reach Program
 - Four cohorts of the Jail In-Reach Learning Collaborative
 - Supported county forensic teams in identifying strategies to actively monitor and support people in county jails who have been found incompetent to stand trial and are waiting for admission to a Texas state hospital
 - Transitioning to statewide program that provides direct assistance to Texas counties through on-demand clinical consultations, brief screens for clinical competence, and legal education.
- Technical Assistance
 - Email forensics@hhs.texas.gov to request assistance.





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Thank you!

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